

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PHOTOCHEMICAL TISSUE BONDING, the specification of which:

- ☒ is attached hereto.
☐ was filed on _ as Application Serial No. _ and was amended on _____.
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/181,980	February 11, 2000	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

P. Louis Myers, Reg. No. 35,965
Timothy A. French, Reg. No. 30,175

Laurie Butler Lawrence, Reg. No. 46,593
Diana M. Collazo, Reg. No. 46,635

Address all telephone calls to LOUIS MYERS at telephone number (617) 542-5070.

Address all correspondence to LOUIS MYERS at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, MA 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: DIMITRI AZAR

Inventor's Signature: _____ Date: _____
Residence Address: 271 Clinton Road, Brookline, MA 02445
Citizenship: Lebanon
Post Office Address: 271 Clinton Road, Brookline, MA 02445

Combined Declaration and Power of Attorney

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Full Name of Inventor: IRENE E. KOCHEVAR

Inventor's Signature: _____ Date: _____
Residence Address: 17 Monument Square, Charlestown, MA 02129
Citizenship: United States
Post Office Address: 17 Monument Square, Charlestown, MA 02129

Full Name of Inventor: ROBERT W. REDMOND

Inventor's Signature: _____ Date: _____
Residence Address: 177 Derby Street, West Newton MA 02465
Citizenship: United States
Post Office Address: 177 Derby Street, West Newton MA 02465

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FORM PTO-1595
(Rev. 6-93)RECORDATION FORM COVER SHEET
PATENTS ONLYU.S. DEPARTMENT OF COMMERCE
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies)

**Irene E. Kochevar
Robert W. Redmond
Dimitri Azar**

Additional name(s) of conveying party(ies) attached?

☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: **The General Hospital Corporation**

Internal Address:

Street Address: **55 Fruit Street**City: **Boston** State: **MA** Zip: **02114**Additional name(s) & address(es) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment
☐ Security Agreement
☐ Merger
☐ Change of Name
☐ Other

Execution Date: **June 25, 2001, August 13, 2001 and June 21, 2001, respectively**

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No. 09/781,577 B. Patent No.(s)

Additional numbers attached? ☐ Yes ☐ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Thomas J. Kowalski, Esq.**
Internal Address: **Frommer Lawrence & Haug LLP**Street Address: **745 Fifth Avenue**City: **New York** State: **NY** Zip: **10151**

6. Total number of applications and patents involved1

7. Total fee (37 CFR 3.41).....\$ **40.00**

- ☒ Enclosed
☐ Authorized to be charged to deposit account #50-0320

8. Deposit account number: **50-0320**
(Attach duplicate copy of this page if paying by deposit account)

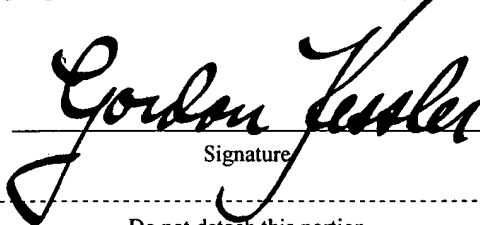
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9. Statement and signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Gordon M. Kessler, Esq.

Name of Person Signing



Signature

November 20, 2001

Total number of pages including cover sheet, attachments, and document): 7

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ASSIGNMENT

For valuable consideration, we, IRENE E. KOCHEVAR of Charlestown, MA, ROBERT W. REDMOND of West Newton MA, DIMITRI AZAR of Brookline, MA , hereby assign to: The General Hospital Corporation , a Massachusetts corporation having a place of business at:

55 Fruit Street
Boston, Massachusetts 02114
United States of America; and

its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by us, entitled PHOTOCHEMICAL TISSUE BONDING, filed February 12, 2001 , and assigned U.S. Serial Number 09/781,577 , and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS WHEREOF, I hereto set my hand and seal at Boston Mass.,
this 21st day of June, 2001
Dimitri Azar L.S.
DIMITRI AZAR

State of MASSACHUSETTS:

: ss.

County of Suffolk:

Before me this 21st day of June, 2001, personally
appeared DIMITRI AZAR known to me to be the person whose name is subscribed to the
foregoing Assignment and acknowledged that he executed the same as his free act and deed for
the purposes therein contained.

Martha Finner
Notary Public

My Commission Expires: 10/07/05

[Notary's Seal Here]